

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90058 009 \*\*\*\*70.00

**DOCUMENT # N98000001962**

1. Entity Name  
**LITERACY VOLUNTEERS OF GADSDEN COUNTY, INC.**

Principal Place of Business      Mailing Address  
**341 E JEFFERSON ST      341 E JEFFERSON ST**  
**QUINCY, FL 32351      QUINCY FL 32351**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3502561**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ODAHOWSKI, KRIS**  
**341 E JEFFERSON ST**  
**QUINCY FL 32351**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Kris Odahowski* **Kris Odahowski**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DUPONT, ALICE</b>	
STREET ADDRESS	<b>404 S STEWART ST</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>ID</b>	<input type="checkbox"/> Delete
NAME	<b>HARTMAN, ANNA M</b>	
STREET ADDRESS	<b>155 PARADISE ROAD</b>	
CITY-ST-ZIP	<b>HAVANA FL 32333</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OWENS, BOBBY</b>	
STREET ADDRESS	<b>1415 GILCHRIST STREET</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FIXEL, ARTHUR</b>	
STREET ADDRESS	<b>318 E. KING ST.</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BANKS, EARL</b>	
STREET ADDRESS	<b>362 E. KING STREET</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ODAHOWSKI, KRIS</b>	
STREET ADDRESS	<b>341 E. JEFFERSON STREET</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>Dupont, Alice</b>	
STREET ADDRESS		<b>404 S. Stewart Street</b>	
CITY-ST-ZIP		<b>Quincy, FL 32351</b>	
TITLE	<b>D</b>	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>Hartman, Anna M</b>	
STREET ADDRESS		<b>155 Paradise Rd</b>	
CITY-ST-ZIP		<b>Havana, FL 32333</b>	
TITLE	<b>D</b>	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>Harris, Irene</b>	
STREET ADDRESS		<b>363 Lincoln Drive</b>	
CITY-ST-ZIP		<b>Chocahatchee, FL 32324</b>	
TITLE	<b>D</b>	<b>Sandra Cross</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>500 Forest Drive</b>	
STREET ADDRESS		<b>Quincy, FL 32351</b>	
CITY-ST-ZIP			
TITLE	<b>D</b>	<b>Catherine Jackson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>711 W. Washington Street</b>	
STREET ADDRESS		<b>Quincy, FL 32351</b>	
CITY-ST-ZIP			
TITLE	<b>D</b>	<b>Dorothy "Dottie" Hulshoff</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>2040 Frank Smith Rd.</b>	
STREET ADDRESS		<b>Quincy, FL 32351</b>	
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kris Odahowski* **Kris Odahowski**      Date: **Jan 29 2002**      Daytime Phone #: **620/627-7106**

CR2E037 (9/01)